

Fill in this information to identify your case:

Debtor 1	Kevin William Lytle		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF OHIO - CINCINNATI	
Case number (if known)	1:18-bk-13060		

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 147,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 147,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 4,225.31
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 151,225.31

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 279,018.85
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 279,018.85
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 7,500.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 7,500.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 104,130.00
		Your total liabilities \$ 390,648.85

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 4,445.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 4,445.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 2,145.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 2,145.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Kevin William Lytle

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,593.67

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 7,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 7,500.00

Fill in this information to identify your case:

Debtor 1	Kevin William Lytle
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO - CINCINNATI
Case number (If known)	1:18-bk-13060

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Sole Member

Employer's name

CL Contracting, LLC

Employer's address

2562 Springdale Road
Cincinnati, OH 45231

How long employed there?

16 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 0.00	\$ N/A

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 3. Estimate and list monthly overtime pay.
 4. Calculate gross Income. Add line 2 + line 3.

Debtor 1 **Kevin William Lytle**

Case number (if known)

1:18-bk-13060

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ 0.00	N/A
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	N/A
5e. Insurance	5e. \$ 0.00	N/A
5f. Domestic support obligations	5f. \$ 0.00	N/A
5g. Union dues	5g. \$ 0.00	N/A
5h. Other deductions. Specify: _____	5h.+ \$ 0.00 + \$ _____	N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 4,445.00	N/A
8b. Interest and dividends	8b. \$ 0.00	N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	N/A
8d. Unemployment compensation	8d. \$ 0.00	N/A
8e. Social Security	8e. \$ 0.00	N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	N/A
8g. Pension or retirement income	8g. \$ 0.00	N/A
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00 + \$ _____	N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 4,445.00	N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,445.00 + \$ N/A = \$ 4,445.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 4,445.00	
13. Do you expect an increase or decrease within the year after you file this form?	Combined monthly income	
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: N/A.		

Fill in this information to identify your case:

Debtor 1	Kevin William Lytle
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO - CINCINNATI	
Case number (If known)	1:18-bk-13060

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Stepson

10 Years

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Girlfriend

28 Years

3. Do your expenses include expenses of people other than yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	70.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Kevin William Lytle

Case number (if known) 1:18-bk-13060

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>310.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>80.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>0.00</u>
	6d. Other. Specify:	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>675.00</u>	
8. Childcare and children's education costs	8. \$ <u>30.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>	
10. Personal care products and services	10. \$ <u>50.00</u>	
11. Medical and dental expenses	11. \$ <u>100.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>280.00</u>	
15d. Other insurance. Specify:	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Income Taxes</u>	16. \$ <u>150.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify:	17c. \$ <u>0.00</u>	
17d. Other. Specify:	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify:	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify:	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>2,145.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,145.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,145.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>4,445.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,145.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>2,300.00</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: <u>N/A.</u>	

**United States Bankruptcy Court
Southern District of Ohio - Cincinnati**

In re Kevin William Lytle

Debtor(s)

Case No. 1:18-bk-13060
Chapter 13

BUSINESS INCOME AND EXPENSES - Remodeling

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ 7,500.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ 0.00

4. Payroll Taxes \$ 0.00

5. Unemployment Taxes \$ 0.00

6. Worker's Compensation \$ 0.00

7. Other Taxes \$ 0.00

8. Inventory Purchases (Including raw materials) \$ 3,100.00

9. Purchase of Feed/Fertilizer/Seed/Spray \$ 0.00

10. Rent (Other than debtor's principal residence) \$ 0.00

11. Utilities \$ 80.00

12. Office Expenses and Supplies \$ 0.00

13. Repairs and Maintenance \$ 90.00

14. Vehicle Expenses \$ 325.00

15. Travel and Entertainment \$ 0.00

16. Equipment Rental and Leases \$ 0.00

17. Legal/Accounting/Other Professional Fees \$ 0.00

18. Insurance \$ 55.00

19. Employee Benefits (e.g., pension, medical, etc.) \$ 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
Tools	100.00
Equipment Rental	150.00

21. Other (Specify):

DESCRIPTION	TOTAL
-------------	-------

22. Total Monthly Expenses (Add items 3-21) \$ 3,900.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 3,600.00

**United States Bankruptcy Court
Southern District of Ohio - Cincinnati**

In re Kevin William Lytle

Debtor(s)

Case No. 1:18-bk-13060
Chapter 13

BUSINESS INCOME AND EXPENSES - Rental Property

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ 1,000.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ 0.00

4. Payroll Taxes \$ 0.00

5. Unemployment Taxes \$ 0.00

6. Worker's Compensation \$ 0.00

7. Other Taxes \$ 0.00

8. Inventory Purchases (Including raw materials) \$ 0.00

9. Purchase of Feed/Fertilizer/Seed/Spray \$ 0.00

10. Rent (Other than debtor's principal residence) \$ 0.00

11. Utilities \$ 0.00

12. Office Expenses and Supplies \$ 0.00

13. Repairs and Maintenance \$ 0.00

14. Vehicle Expenses \$ 0.00

15. Travel and Entertainment \$ 0.00

16. Equipment Rental and Leases \$ 0.00

17. Legal/Accounting/Other Professional Fees \$ 0.00

18. Insurance \$ 0.00

19. Employee Benefits (e.g., pension, medical, etc.) \$ 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
Taxes & Insurance	155.00

21. Other (Specify):

DESCRIPTION	TOTAL
-------------	-------

22. Total Monthly Expenses (Add items 3-21) \$ 155.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 845.00

Fill in this information to identify your case:

Debtor 1	Kevin William Lytle		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO - CINCINNATI		
Case number (if known)	1:18-bk-13060		

Check if this is an amended filing

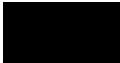
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kevin William Lytle

Kevin William Lytle
Signature of Debtor 1

Date December 14, 2018

X

Signature of Debtor 2

Date _____